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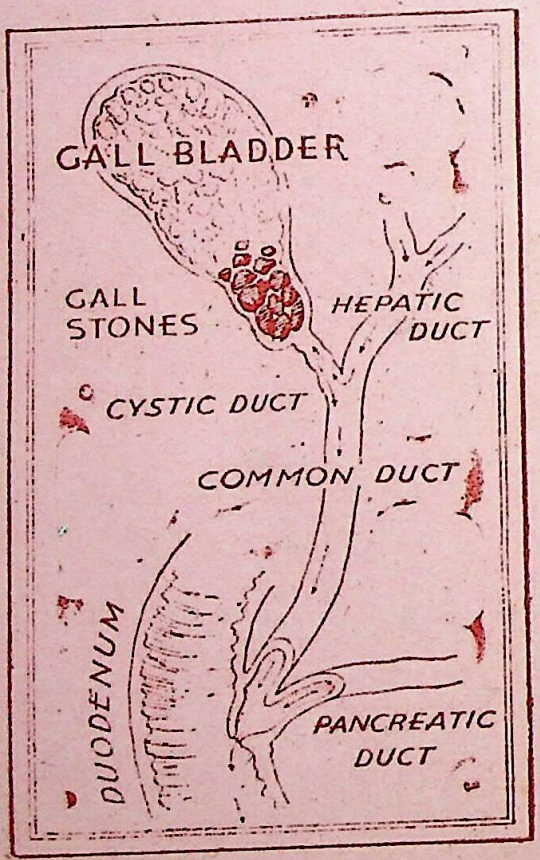
Getting After

GALL-BLADDER TROUBLE



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Getting After Gall-Bladder Trouble

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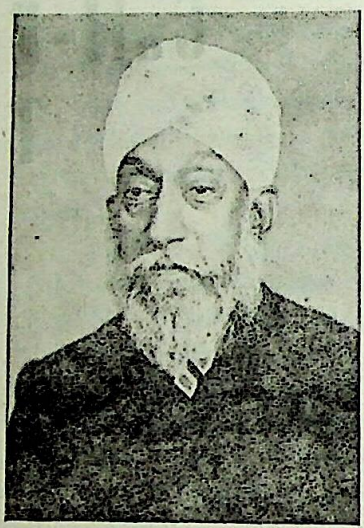

THE AUTHOR

Gall-bladder disease is a serious matter. Do not neglect it. Attend to it without delay.

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New Nature Cure Research Series No. 41

Getting After Gall-Bladder Trouble

Inflammation — Enlargement — Gall-stones

By

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Preface

OF the many liver complaints which are distressing, gall-bladder trouble is perhaps the most painful. Non-operative treatment for removing gallstones is herein suggested.

While surgical removal of a stone-filled gall-bladder will relieve, and prevent the recurrence of, gallstone colic — which is due to the difficulty a large stone has in passing through one of the small ducts leading from the liver and gall-bladder to the intestines — an operation will not restore the bile to normal nor get rid of the irritation in the intestines which accompanies gall-bladder trouble.

Whenever the slightest suspicion of gall-bladder trouble arises, the family physician should be consulted. There is hope for recovery without operation if the condition is not too far gone.

In the treatment of gall-bladder disease it is best to start on a starvation diet, principally fluids of little or no caloric content, like citrus fruit juices, and continue this in case of overweight till weight has been reduced to within ten per cent of the desirable figure. The liver function should be improved, bowel-elimination regulated, stasis corrected, free flow of bile promoted, dyspepsia and biliary spasms relieved, and the body resistance raised to the highest level.

Gall-bladder disease, being a serious matter, should not be neglected. It should be attended to and treated promptly without any delay.

S. J. SINGH

Dated Lucknow :
Id-uz-Zuha, Dec. 14, 1975.

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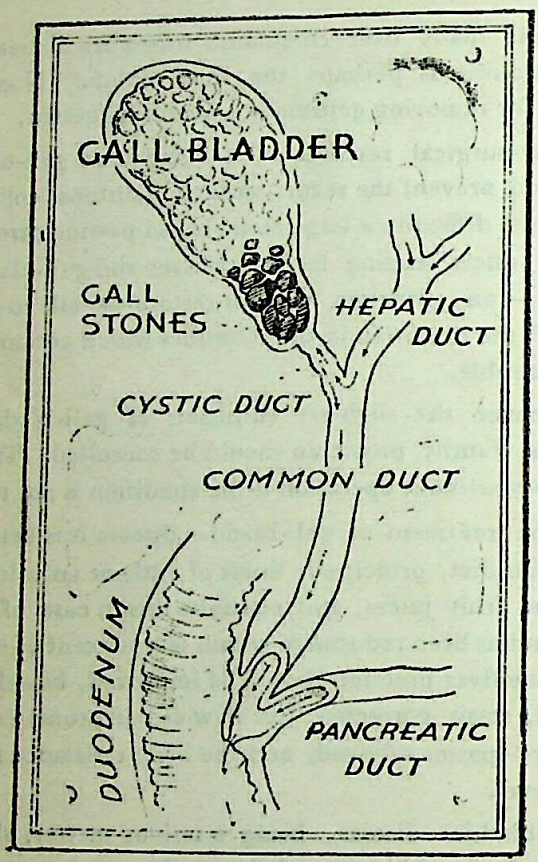

Gall-stones in the Gall-bladder.

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Getting After Gall-Bladder Trouble

A NOTED anatomist and surgeon once made the remark that every time an operation was performed it was an admission of medical failure.

That statement is even more true to-day than at the time it was made. At that time operations were only advocated as a last resort, but to-day they are instituted as first-line measures. If a lump appears on a woman's breast the verdict is, "cut it out." If lymph glands in the neck swell, if tonsils enlarge, if pains develop in the abdomen, they all afford excuses for operations. Causes are not taken into consideration, and in the vast majority of cases nothing is advocated to remove the fundamental causes of the trouble even after it is dealt with surgically.

A popular operation of to-day is the removal of the gall-bladder—an operation for which there is scarcely a shred of excuse. Aside from the tonsils and appendix, the gall-bladder has become quite the most lucrative organ in the body because, being simply a little reservoir to retain surplus bile, it can readily and easily be removed without greatly endangering the subject's life. It is apt, therefore, to be sacrificed on the slightest provocation.

The Gall-Bladder and Its Functions

The gall-bladder is a pear-shaped thin-walled vessel about 4 inches in length, and capable of holding about two ounces of fluid. It is situated in a groove on the under surface of the liver, its foremost portion peeping out near the forward end of the ninth right rib.

The chief function of the gall-bladder is to act as a reservoir for the storage of bile until it shall be needed in the process of digestion. The gall-bladder also serves to concentrate the bile, a large quantity of water being removed into the lymphatic vessels around this sac.

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The gall-bladder opens into the cystic duct and by this channel bile is received from the liver. The liver secretes about 700 ml. of bile a day, which, when not required for digestion, is concentrated and stored in the gall-bladder. The gall-bladder can store about 40-50 ml. of the concentrated bile.

The emptying of the gall-bladder is brought about by the stimulus of the stomach contents passing across the lining of the duodenum, i. e. when suitable food enters the duodenum. When we omit a meal this stimulus fails to occur and distension may result. But the gall-bladder tends to be emptied by the ordinary movements of the abdominal muscles.

The normal gall-bladder wall is thin and almost translucent. It is lined with mucous membrane and contains a thin layer of muscular tissue. In chronic inflammation the whole wall may become greatly thickened and scarred.

Diseases of the Gall-Bladder

The commonest diseases of the gall-bladder are :—

(1) Inflammation (**cholecystitis**). This may be acute or chronic.

(2) Gall-stones (**cholelithiasis**).

In the majority of cases, but not in all, the second disease is the sequel of the first. A diseased gall-bladder is a far more serious menace than a diseased tooth or tonsil.

Causes of Gall-Bladder Disease

To understand the rational treatment of gall-bladder disease, both preventive and curative, it is necessary to understand the causes of the trouble. Sedentary occupation, lack of exercise and obesity are important contributory causes of inflammation of the gall-bladder. Stasis of bile is universally accepted as a cause of gall-stones. As biliary stasis occurs in pregnancy, it accounts, in part at least, for the increased frequency of gall-stones in married women.

Inflammation usually results from infectious diseases like typhoid fever, pneumonia, bronchitis, etc., or tonsillitis, local intestinal disease, Bright's disease, obstruction of the drainage ducts due to tumours, round or fluke worms, a foreign body,

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such as fish-bone, gall-stones, kinking or cicatricial constriction of the ducts; regurgitation of pancreatic juice into the biliary tract.

Inflammation — Typical Symptoms

In cases of gall-bladder trouble there is pain on the right side of the abdomen, directly under the ribs, which occurs about two or three hours after meals, with gas, intestinal distress, and very irregular bowel action. The pains several hours after meals occur when the food from the stomach begins to pass into the duodenum. Bile is then demanded, and is supposed to be discharged from the gall-bladder; but if it is heavy and sticky in character, the gall-bladder experiences difficulty in expelling it, and pain is the natural consequence.

Typical symptoms of acute inflammation of the gall-bladder (**cholecystitis**) are nausea, vomiting, elevation of temperature, leucocytosis, rapid pulse, and local pain, tenderness, rebound tenderness, enlargement, and muscle spasm.

There are severe paroxysms of pain, usually over the liver. Occasionally this pain is experienced in the region of the stomach or the right groin. Muscular tenderness at first is of a general character, but later of a local nature. The tenderness may become localized in the lower right rib. Often the swollen gall-bladder can be felt through the skin. There is more or less rigidity of the abdominal muscles on the right side. Local signs, however, may be absent.

The condition is serious. While the inflammation usually subsides in from ten to fourteen days, chronic cystitis and gall-stones are apt to follow. Perforation is a danger.

Chronic inflammation of the gall-bladder usually is marked by pain of milder degree than in the acute form. The attacks of pain may be recurrent. Gastric disturbances, nausea, vomiting and gas are present, and there is loss of appetite. The pain is often persistent in character.

The chronic form of the disease may follow an acute attack or may be chronic from the beginning. It is frequently a sequel to gall-stones. The gall-bladder may be definitely enlarged or

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may be distended with a thick ropy mucus. Bile may be absent. Adhesions often exist. The walls of the gall-bladder are thickened and there may remain little of the normal membraneous lining.

Treatment of Acute Inflammation

Because of the vomiting, withdraw all food for a day or two. In the treatment of acute inflammation of the gall-bladder nothing surpasses the fast with abundant water drinking.

An excellent treatment for the condition is the drinking of a mixture of a quart of water with the juice of one lemon and with a half teaspoonful of salt added. This should be taken the first thing in the morning. The water should be as hot as possibly can be taken without sipping. A second quart of water should be taken within ten minutes, if possible. Additional water should be taken during the day.

If this water does not produce bowel action within two or three hours, or during the day, it may be well to take a moderately hot enema in the late afternoon or evening. Salt, one dram to a quart, may be added to the water of the enema. Such enema may be repeated the next day if necessary.

Apply hot fomentations locally over the liver for the relief of pain and to promote the reaction of inflammation. The heat should be continued as hot as comfortable for thirty minutes or longer, followed by a very cold compress for four or five minutes.

The patient has to be watched carefully until subsidence of the acute process. A persistently elevated sedimentation rate indicates persistence of infection.

After acute symptoms have subsided, milk diet should be taken as advised in our other book *The Magic of Milk*. When whole milk disagrees, skimmed milk or partially skimmed milk may be used. Skimmed sour milk often is useful. Later the diet should consist of large amounts of raw salads and considerable fruits, preferably at different meals. Sour milk or buttermilk prepared from skim milk may be taken with either or both of these foods, or sweet whole milk may be taken with fruit.

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Moderate exercise is advisable at this stage. Walking and body bending movements are useful. Sometimes it is beneficial to manipulate under the lower ribs in the region of the gall-bladder.

Biliary Drainage or Emptying the Gall-Bladder

Biliary drainage, or emptying the gall-bladder offers an efficient method of curing acute inflammation of the gall-bladder. The process was previously carried out by passing a duodenal tube. It was found that olive oil when introduced through the duodenal tube at once excited biliary contraction and a free flow of bile. In this way the biliary tract could be emptied at will and the process repeated when the gall-bladder filled again.

Later, however, it was discovered that olive oil was quite efficient in inducing gall-bladder contraction when given on an empty stomach, and without the need for a duodenal tube at all. In practice this method of "non-surgical biliary drainage," as it is called, is carried out as follows:

1. Two teaspoonfuls of olive oil are taken on empty stomach, immediately on waking in the morning, and at least twenty minutes before breakfast.

2. During the day, two teaspoonfuls of olive oil should be taken before the mid-day and evening meals to empty the biliary tract.

Biliary drainage by this method should be carried out daily and systematically for several months, and later, when all symptoms have disappeared, it should be repeated periodically in short courses.

Good olive oil is almost tasteless, but should be bought in small bottles, as it may become rancid. Other measures of emptying the gall-bladder may also be mentioned here:

3. The cool enema (85 to 75 degrees F.) stimulates contraction and thus empties the bile reservoir.

4. Free water drinking (5 to 6 pints daily) thins the bile and encourages its passage into the intestine. The water should be taken in the morning, between meals and before retiring at night.

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5. But the most effective means of exciting contractions in gall-bladder is the taking of a stimulating diet as described below.

Stimulating Diet for Lazy, Inactive Gall-Bladder

In cases of lazy, inactive gall-bladder, or chronically diseased gall-bladder, a stimulating diet is preferable. Such a diet contains fats and oils, since they best stimulate the emptying of the biliary tract. Olive oil may be given between meals or on waking to facilitate evacuation of bile from the gall-bladder.

Often, however, the high fat olive-oil diet proves upsetting, so that it is advisable to determine the fat tolerance of the patient before subjecting him to that diet. The diet then should contain only moderate amounts of fat — not enough to induce symptoms.

The high fat diet includes milk, cream, butter and eggs, which make the diet palatable and supply vitamins A and D.

It should be remembered that when food taken into the stomach begins to pass out into the duodenum through the pylorus, the contact of the acid mixture of gastric juice and food with the lining membrane of the duodenum, excites powerful contractions in the gall-bladder. On this account, the patient should be encouraged to eat small meals at frequent intervals, preferably four times a day — two major meals and two minor *fruit* meals, the latter two hours before meal-time, so as to secure complete emptying of the stomach before the next meal. Fruit should constitute the sole food taken at the minor meals; rice gruel or plain potato puree may be used when fruit does not agree.

Meals should not be omitted. Fluids should be ingested in large quantities in the morning, between meals and before retiring at night.

Dyspepsia and Gall-Bladder Trouble

The main symptomatic treatment of inflammation of gall-bladder is concerned with the flatulent dyspepsia which is so common. Cooked fat or fried dishes generally aggravate the condition. Olive oil, however, being a natural fat, is most valuable for the relief of flatulence. When taken before meals in

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doses of half to one ounce, it greatly diminishes the flow of acid gastric juice.

As has been indicated, olive oil before meals is our best remedy for the symptomatic treatment of the intense flatulent dyspepsia, and so many of the patients at once experience great relief.

Diet Control in Spasm of Sphincter

The gall-bladder and the common bile duct contract in a rhythmic fashion, and this muscular coordination causes the bile to be discharged from the gall-bladder through the cystic and the common duct into the duodenum. At the end of the common duct, as it enters the duodenum, is the sphincter of Oddi. There is likewise normally a coordinated mechanism between the contraction of the gall-bladder and the relaxation of the sphincter.

When there is a disturbance of the normal muscular coordination with either a lazy, diminished contraction of the gall-bladder or a spasm of the sphincter of Oddi, bile stasis occurs with the possibility of infection or even calculi or stone formation.

The aim of treatment of gall-bladder disease is to restore the normal functioning of a diseased gall-bladder. And in cases of spasm of the sphincter, control of the diet is of great importance — a bland diet containing a minimum amount of fat (40 to 65 grams), meats and fruits. This diet will prevent activity of the gall-bladder.

Alcohol, highly seasoned foods, spices, pickles, condiments, fried foods, fatty meats such as pork and sausage, fatty fish such as herring, mackerel, salmon and sardines, fatty cheeses and rich dressings — all should be avoided.

Since emotional disorders may be in the background of the spasm of the sphincter of Oddi, mental hygiene, plenty of sleep, a normal amount of exercise, fresh air, play and freedom from worry might prove helpful.

Chronic Inflammation and Gall-Stones

In chronic inflammation gall-stones are usually present and

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the symptoms, prognosis and treatment are usually the same as for gall-stones.

Gall-stones are concretions which form in the gall-bladder and the bile-duets; in the former in over 50 percent of all cases. They vary in size from a pin-head to a small egg.

Causes of Gall-Stones

Gall-stones appear most often among persons of sedentary habits and in those who have lax abdominal walls. Acid-producing diet and wrong food combinations, particularly of starches, overload the liver, change the quality of the bile and cause gallstones. Constipation may be a predisposing factor.

Contributory causes are: a sedentary life, constipation, insufficient fluid ingestion, over-eating, alcohol, obesity, pregnancy, tight-lacing, enteroptosis, and an habitual "leaning forward" posture, all causing concentration of the bile or obstruction to its free flow. Typhoid fever is often followed by gallstones.

Symptoms and Diagnostic Criteria of Gall-Stones

One may be quite unconscious of the formation and presence of gall-stones until Nature makes an effort to expel them. Then an attack of what is known as gall-stone colic ensues and, during the passage of the stone, a burning, excruciating pain is felt in the "pit of the stomach" and to the right of that point.

If the stone which passes is of any appreciable size the victim breaks into a profuse perspiration and writhes in agony as the pain becomes unbearable.

Aside from attacks of gall-stone colic, persons suffering from gall-stones are likely to be troubled with discomfort in the region of the stomach, the presence of gas, the expulsion of which gives relief to this discomfort, attacks of dyspepsia, and often pain in the back or in the right shoulder.

Diagnostic criteria in gall-stones and chronic inflammation are: Occurrence, as a rule, in middle and later life; three or four times as often in females as in males (female, forty, fat, flatulent); history of chronic indigestion, e.g., fullness, weight and distension after meals, relieved by belching, sometimes

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vomiting of sudden onset and sudden cessation, heartburn and epigastralgia due to gastric hyperacidity and pylorospasm, in the early stages of gall-bladder disease (hypoacidity is commoner later); soreness, stiffness and usually sweats, pain and tenderness in the right hypochondrium, often following the bilious attacks and lasting a few days; constipation; attacks of mucous colitis; the above dyspeptic symptoms induced or aggravated by dietary indiscretions, menstruation, emotion, railway travel, etc. (chronic indigestion may be the only symptom of gall-bladder disease); history of biliary colic, with elevation of temperature, sometimes chilliness, and usually the local signs of acute inflammation, q. v.; history of jaundice in a minority of the cases; leucocytosis; liver enlargement. Involvement of the pancreas in gall-stone disease is exceedingly common. Occult blood is sometimes in the faeces in gall-bladder diseases.

Signs of Tenderness

In examining for local tenderness and muscle spasm, have the patient's head and shoulders slightly elevated, the thighs and knees flexed, the mouth open, and the attention diverted by conversation, and use the left hand behind the patient while palpating with the right hand in front. Pain elicited by ulnar percussion at right angles with the long axis of the body over the upper right rectus muscle, with the patient holding a deep breath, indicates gall-bladder disease. Always compare both sides.

Other signs are tenderness in the right costovertebral angle and over the lower edge of the 8th right costal cartilage. Visualization of the gall-bladder by radiography probably means disease.

Test for liver efficiency should be made in all cases when gall-bladder disease is believed to be present.

Gall-Stones and Cholesterol

Cholesterol is the chief constituent of most gall-stones, and its precipitation is favoured by increased bile concentration in the gall-bladder due to stasis, as may occur in pregnancy. Hypercholesteolaemia may be a factor; it occurs in the latter months of pregnancy and for a time after delivery, and also from

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the excessive consumption of fatty foods. Cholesterol may also precipitate around small masses of leucocytes, fibrin and epithelial cells.

Twiss and Greene have felt that in the study of gall-bladder disease it is important to determine the cholesterol content of the blood. When the blood is high in cholesterol, it may be wise to exclude from the diet foods rich in cholesterol, such as brain, liver, eggs, butter, goose, duck, sweet-breads, oysters, fish roe, lard, cream, fat meats and sausage.

Obesity and Gall-Stones

Inflammation of the gall-bladder and its common sequel of gall-stones are very often associated with obesity, and active treatment of this complication cannot be over-emphasized. Obese patients, who so often state that they eat little, are frequently found on questioning to indulge in just the foods which are particularly liable to induce flatulence even in normal individuals.

Obesity is a frequent source of danger, and for safety the obesity must always be treated first by the dietetic and other methods described in our other book, *How to Reduce Weight.*

Gall-Stone Colic and Its Treatment

The acute pain due to the passage of a gall-stone through the gall-duct is called gall-stone colic. Considered as a disease, gall-stone is a chronic condition. The attacks of pain are paroxysmal and acute. Gall-stones produce few symptoms until the body attempts to eliminate them by passing them through the gall-duct into the intestines.

(a) *When an attack of gall-stone colic occurs*, hot fomentations should be at once applied to the abdomen. A hot bath, into which the whole body can be put, gives, after a little time, great relief.

It is difficult to afford complete and immediate relief from pain in a case of gall-stone colic, because until the stone has passed into the intestines the cause of the pain will remain. The pain, of course, can be deadened by the use of drugs; but all such pain-killing drugs are depressants and slow up the passage

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of the stone. Complete relief will be afforded in most cases by the internal and external application of heat.

First of all the patient should drink freely of hot water. The first glass should contain a small teaspoonful of salt. Thereafter the water may be flavoured with lemon juice. As much as a glass every hour may be taken. After the patient has taken about a quart of water, a full hot enema should be given. Then a hot abdominal pack may be applied, maintaining heat by a hot-water bottle. The pack may remain on as long as necessary to give relief.

Local hot fomentations, mustard packs, hot foot-baths, and the hot full bath lasting an hour or so, are all useful for the purpose of relaxing spasm of the bile ducts.

Some patients find it helpful to drink from four to six ounces or even eight ounces of olive oil. Gentle massage about the liver, gall-bladder and intestines also may be used, as the pressure upon and shifting of the abdominal contents helps to push the stone through the gall-duct.

Diet must be restricted, and indeed complete fasting is probably best and most agreeable to the patient until the acute inflammation subsides in a very few days.

(b) *After the attack has subsided,* patients should receive hot tea with lemon juice, hot sugar water, cereals with skimmed milk and toasted white bread, and the following prophylactic rules should be enjoined, viz., a plain, moderate, bland diet, increasing it gradually, keeping the fat content low. Always considerable water should be drunk, preferably hot and flavoured with lemon juice. Daily exercise in the open air, and deep diaphragmatic breathing. These measures are designed to promote the flow of bile and to prevent its concentration, thus preventing future attacks.

Foods allowable are : Skim milk, milk soups, cereals (rice, tapioca), spinach, string beans, carrots, asparagus, squash, celery, lettuce, lean meats in moderation (chicken, lamb, beef), non-fatty fishes (baked or boiled), vegetable oils, butter or cream sparingly.

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Foods not well tolerated include : Animal fats and eggs (both high in cholesterol), greasy or fried foods, pork products, cheese, rich dressings, cabbage, sauerkraut, onions, turnips, radishes, cucumbers, spices and wines.

In the acute stages, one may promote sedation by withholding fats, meats, and acid fruits (not too strictly, however, to avoid stasis). Olive oil, half ounce, taken three times daily, i. e, before breakfast, lunch and dinner, promotes drainage and corrects hyperacidity.

In cases of gall-bladder trouble, liver function is always disturbed, and glucose, or fruit drinks, or a combination of both, e. g , Glucose Lemonade (see formula and mode of preparing in our other book *Rational Treatment of Liver Disorders*), should always be given freely to support the liver.

For the relief of itching employ hot alkaline baths (for preparation of these baths see our other book *Baths*), or a dusting powder consisting of starch one ounce, camphor one and a half dram, and zinc oxide half dram.

Non-Surgical Natural Treatment of Gall-Stones

Gall-stones are hard, gravelly concretions which vary in size. Some are no bigger than pin-heads; others are large as walnuts, and there are many in-between sizes.

To dissolve the gallstones and get rid of the troublesome condition the consistency of the bile must be brought back to normal. "Thinning down" the bile, as the process is sometimes called, requires, first of all that the bowels be kept open and that the patient be free of any trace of constipation. A fruit juice fast, lasting from ten days to a fortnight, followed by a restricted diet for about a month, and after that the adherence to a rational, well-balanced diet, low in fat, will usually clear up a condition of gallstones, and prevent its recurrence.

Lemons are the best of all fruits for thinning down the bile. They are, in fact, almost a specific remedy for the condition that leads to the formation of gallstones. The use of lemon juice and olive oil frequently helps to relieve the pain of gallstones and ease the general condition. Two to four tablespoons or one to

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two ounces of olive oil should be added to about four ounces of lemon juice, and the mixture taken twice a day. Olive oil seems to lubricate the biliary ducts of the liver in a way that is duplicated by no other known oil or substance. For this reason many authorities on gall-bladder trouble advise plain olive oil in large doses. Combining lemon juice and olive oil, however, works out very well in many cases.

In many instances, a helpful treatment in this complaint is the use of large quantities of olive oil before retiring — from one-fourth to one-half pint, or from half a tumbler to a tumblerful. If a little lemon juice is taken thereafter much of the unpleasantness of this remedy will be avoided.

If this treatment does not bring results, the necessity for a fast is clearly indicated. As a rule it is advisable to continue the fast until the stones have passed through the gall-duct into the duodenum. This in some instances requires a continuation of this fast for five to thirty days. Abdominal massage is helpful.

The free drinking of water always is advisable in a difficulty of this kind. In most cases it would be advisable to adopt the milk diet following the fast after breaking the fast in a suitable way suited to its length. A solid-food diet containing large amounts of green salads, cooked green vegetables, juicy fruits and sour milk will be best to follow the milk diet, or in case the milk diet cannot be used.

Fomentations over the liver region will be of some benefit by increasing the local circulation and relaxing the tissues. Alternate hot and cold applications often prove more beneficial than either heat or cold alone. Full hot enemas also will be useful in the same way, and especially in connection with fasting. One enema each day should be given. In some cases enemas of olive oil may benefit more than plain water enemas.

Removing Gall-Stones Without Knife

Sometime ago we were consulted by a patient whose opening remarks were : "I understand you practice Nature Cure and that you contend gall-stones can be removed without an operation. Here are my X-rays which show a gall-bladder filled with

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stones. I have had two attacks of violent pains which I was told were 'gall-stone colic' and I had to have hypodermics of morphine injected to relieve me, and now I am told the only way I can prevent a constant recurrence of these attacks is to have the gall-bladder removed. I dread an operation and will do anything you may suggest in order to avoid it."

The X-rays showed a pretty picture—a greatly enlarged gall-bladder with innumerable dark shadows indicating stones. Apparently the gall-bladder was so filled with these concretions that it could not be used as a storage place for the bile secreted by the liver; consequently the bile was passing directly into the intestines, whether it was needed or not, keeping them in a state of irritation and causing considerable distress owing to the fact that it was abnormal in quality. We say abnormal, because stones would not form from a normal bile. We grant that the removal of the stone-filled gall-bladder would prevent any recurrence of colic (which is due to a large stone's difficulty in passing through the small duct leading from the gall-bladder to the intestines). Nevertheless, with the gall-bladder removed and the liver still making a very poor quality of bile, the intestines would continue to be irritated, and digestion and assimilation would remain poor.

Now let us study once again the structure of the parts involved and then we can better explain how the patient under consideration was relieved of his gall-stones, without operation. The bile flows from the liver to the duodenum through a duct, and leading off from this duct is another which enlarges into the gall-bladder. The object of this arrangement is to provide a storage place for surplus bile, to be released, when needed, into the intestines. Where the bile duct from the liver opens into the duodenum, there is a valve which is closed when bile is not needed. With the valve closed, the bile, which is constantly being secreted by the liver, backs up into the duct leading to the gall-bladder. It is retained there until needed for purposes of digestion. The gall-bladder (as well as the bile ducts) has considerable muscular tissue in its walls and empties itself by contracting when bile is demanded in the intestines.

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With these points in mind let us consider the logical method of dissolving gall-stones. Stones form because the bile is of such poor quality as to allow the solidification of salts from it during the time of its retention in the gall-bladder. The liver makes a poor quality of bile when it is overworked and is being supplied with the wrong proportions of the various classes of foods—too much protein and starch and not enough mineral salts. Now we know you are going to say we are contradicting ourselves, inasmuch as gall-stones are formed from minerals. But, *we said proportions*. Bile that is heavy with the wastes of protein will not carry the mineral salts in suspension and they will precipitate and solidify at the first opportunity, which opportunity is conveniently supplied while the bile is at rest in the gall-bladder.

Functions of Bile

Bile breaks up fats into glycerol, and three fatty acids: oleic, stearic, palmitic. It works on proteins and renders the food content of the small intestines alkaline. This is necessary because food empties from the stomach mixed with hydrochloric acid, the digestant of the stomach. The digestive substances of the small intestines can work only under no-acid conditions, so plenty of alkaline-acting bile is necessary. Indigestion takes place when "good" bile is not available.

In order that the gall-stones be dissolved, the bile must be made normal in quality and must be induced to back up into the gall-bladder. To accomplish this, first, the demand for bile in the intestines must be lessened by the subject's abstinence from fats and proteins. Thus the valve between the bile duct and the duodenum will be kept closed for longer periods—causing the bile to go into the gall-bladder before it is finally thrown into the intestines. To be of any value, however, in dissolving the stones, the bile thus forced into the gall-bladder must be much thinner than normally. How can you thin down the bile? Why, with large quantities of citrus fruit juice—at least a quart a day. Lemons are really the specific remedy, although grapefruit, limes and oranges are also valuable—but the lemon is supreme. These fruit juices are readily taken into the blood in the form of

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salts or feeble alkalies requiring very little digestive action. Eliminate fats and starches as well as meats, fish, fowl, eggs and cheese from the diet. Drink at least a quart of citrus fruit juice (mostly lemon) a day. Eat such vegetables as beets, mustard greens, watercress, grated raw turnips, radishes, as they are exceptionally valuable in all liver disorders.

Now, let us return to the case referred to and see what happened. Our visitor was given the foregoing explanation of his condition and he agreed to this daily routine.

Daily Routine

(To be followed six days a week)

On arising.—Drink two glasses hot water and juice of one lemon.

Breakfast.—Fruit.

Mid-morning.—One glass citrus fruit juice.

Before Lunch.—Juice of one lemon.

Lunch.—Raw vegetable salad. Lemon juice dressing (no oil or ghee). Two dry bran biscuits. One glass butter-milk.

During afternoon.— Two glasses citrus fruit juice.

Before Dinner.—Juice of one lemon.

Dinner—Clear vegetable broth. Two cooked non-starchy vegetables. Raw vegetable salad Lemon juice dressing. Two bran biscuits (no butter or ghee). One glass butter-milk.

Before retiring.— Glass of fruit juice.

For the seventh day (that is, one day a week) an absolute fast was prescribed.

Proof of the Pudding

AFTER thirty days of this diet, the patient was taken with an attack of typical gall-stone colic. Four ounces of olive oil with juice of one lemon was given at one-half hour intervals for two hours. Heat was applied to abdomen constantly. Within twenty-four hours the patient passed over fifty gall-stones of assorted shapes and sizes. He has never had a recurrence because he has adhered to a rational, well-balanced diet, and maintained good elimination by the addition of a bulk-laxative food.

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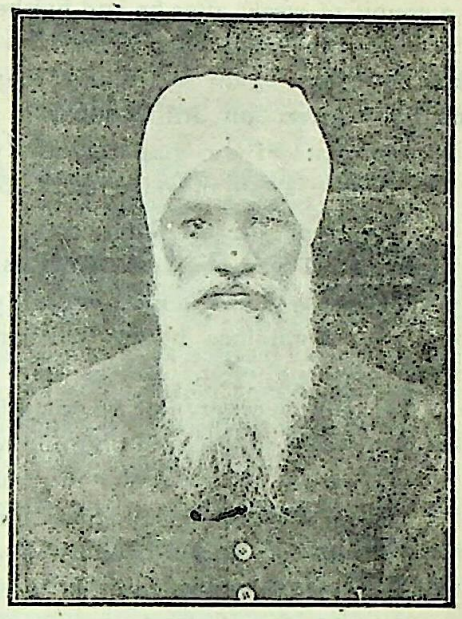

The Patient : S. S. Sardar Amar Singh

Meet the Patient

The patient referred to here was Sardar Sahib Sardar Amar Singh, Retired Deputy Collector, Gujranwala, who had come to us from Punjab and narrated his case history that clearly pointed to gall-bladder trouble and gall-stones. He got recurring attacks of pain which were at times quite unbearable. Walking was difficult and uncertain. Allopathic opinion was for an operation, but we assured recovery without it. Fasting followed with fruit diet and olive oil were given. General body treatment with infra-red rays, vibratory massage, ultra-violet rays, etc., was also given. After a few weeks of this treatment, the patient had a very severe and typical attack of pain just on the treatment table as treatment was being given to him. Obviously, the gall-bladder was emptying itself to dislodge the impacted stones which passed out. And that was an end of the trouble. Attacks did not recur after this. The patient's general condition improved and he thereafter moved about in perfect health.

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On his return to Gujranwala, he wrote to us on 13th June, 1943, *i.e.*, a couple of weeks after he had finished treatment at our place: "You will be glad to learn, that I am feeling quite fit and have had no trouble of any sort. I shall keep you informed about my health." Later, on 3rd November, 1943, he again wrote from Gujranwala: "I am glad to inform you, that I am feeling quite well There is gain in weight of 10 pounds."

The Need for an Operation

About 90 percent of gall-bladder operations are performed on women, not because women are more subject to liver trouble than men, but, in our opinion, because they are more readily persuaded to the necessity of it. Let us state emphatically, however, that the only necessity for an operation on the gall-bladder is the time when a stone, attempting to pass from the gall-bladder, lodges in the common duct and thus obstructs the passage of bile from both the gall-bladder and the liver. When this happens it leads to very serious trouble. Because when the bile has no free exit it will be retained in the liver and absorbed into the blood, causing a kind of blood-poisoning that may result in death unless relief measures are *promptly* instituted.

In an emergency of this kind an operation is imperative; the gall-bladder and the offending gall-stones must be removed by surgery. If you will refer to the accompanying illustration (page 8), you will see a number of gall-stones lodged in the gallbladder. When any of these stones lodges in the cystic duct — the tube leading from the gall-bladder to the common duct — it only shuts off the gall-bladder, but if it should lodge a little further down in the common duct, it would prevent the flow of bile from both the liver and the gall-bladder. If in this condition the stone is big and cannot be dislodged or passed through by heat applied to the abdomen and by mechanical and dietetic treatment advised above, an operation becomes necessary. Frankly, we cannot conceive of any other reason for operating.

When the gall-stones formed in the gall-bladder are not blocking up the common bile duct, when they are small and can be "passed" from the body without too much pain, or when they can be dissolved, then diet and the non-surgical treatment

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advised can often correct the condition. And in so doing, the natural non-operative treatment will also get at the underlying causes of the trouble so as to prevent the formation of more gall-stones in the future.

A Word or Two About Adhesions

Adhesions are a natural consequence of all operations. They are formed of tough connective tissue—scar-tissue—the production of which is Nature's means of filling in gaps and uniting parts that have been cut. As long as inflammation persists and the blood supply is abundant, the scar-tissue remains soft, but as soon as the inflammatinn subsides the scar-tissue begins to shrink, and in doing so it seriously interferes with the operation of the organs to which it is attached.

Then trouble starts. In cases where the gall-bladder has been removed, the adhesions are likely to constrict the bile ducts and duodenum. Where the gall-bladder has simply been opened and the stones removed, the adhesions are likely to limit it from contracting and then that organ is of little use but always painful. The patient has practically the same pains and discomfort as he had before the operation, due to the presence of the adhesions and to the fact that his liver is still functioning faultily—still making a poor quality of bile that drips continuously into the intestines and very often backs up into the stomach, causing nausea and vomiting. But let us say that even in these cases Nature Cure can be of value. The liver can be brought back to a more normal state by rational diet, adhesions can be dissolved, and the parts freed, by the proper use of electricity—and the patient is entitled to live in greater ease.

The Aim of Dietary Treatment

WHERE there is some diseased condition of the gall-bladder, the ordinary general rules apply as to the caloric value of meals—a basic maintenance diet of 1800 calories, if bedridden, and a diet of 2200 calories if walking about. The aim in dietary treatment of gall-bladder conditions is to give that organ all the rest possible by making minimum demands upon its activities and by controlling the irritation to the gastro-intestinal tract. Those irritants to the liver such as tobacco, alcohol, spices, strong tea and coffee

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are alike taboo in these gall-bladder conditions. The fruit juices are well tolerated, especially the juices of lemons, oranges, grapefruit, and limes, as they are in liver trouble.

The following foods are suitable to these cases: Cooked fruits, such as apples, cherries, pears, plums, peaches, raisins; cooked vegetables such as spinach, celery, carrots, asparagus tips, string beans, tomatoes. Meat and fish may be taken once a day boiled, broiled, baked or stewed, (never fried), and prepared without spices.

Fat meats such as pork and lamb are to be avoided; potatoes and sweet potatoes have too high a carbohydrate content and are also to be avoided. Tinned, smoked and spiced meats and fish produce intestinal putrefaction and should not be eaten. This applies also to highly flavored cheeses. All carbohydrates in concentrated form should be avoided as candies, sweets and pastries. And all fat foods are best omitted from the diet too.

It is important that liberal amounts of water be taken. These patients should drink at least ten glasses of water daily. Water dilutes the bile, prevents its thickening, helps prevent constipation, and keeps the salt concerned in the formation of gall-stones from precipitating.

Constipation, obesity, starch indigestion, diabetes and cardio-vascular diseases, necessitate special dietary requirements, and the planning of diets for these conditions associated with a gall-bladder trouble, becomes a fine art at times.

The Gall-Bladder (G. B.) Diet

The diet for patients with diseased gall-bladders, either before or after operation, differs from the general diet only in the restriction of foods high in fat, fried foods and certain foods which commonly cause gaseous distension. Patients should continue to use this diet for a month and then to try the restricted foods one at a time and include those they can tolerate.

After surgery dietary treatment should be followed at least from six to twelve months.

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Foods Allowed and To Avoid in Dietary Programme for Diseases of the Gall-Bladder (G. B. Diet)

ALLOWED	TO AVOID
Cereals	
Breakfast cereals of wheat, rice, oatmeal or maize with emphasis on whole grain cereals. Bread or chapatis from wheat, rice, maize, jowar, bajra, with emphasis on whole-meal. Sago. Farina. Rice, cooked, puffed, flakes, gruel.	Coarse cereals and breads, white bread, bran breads, unrefined rice, popcorn. Bran.
Plain Biscuits, light cakes.	Pastry, pie and rich cake.
Vegetables	
Cooked vegetables, beets, carrots, green gram, pumpkin, spinach, squashes, strained tomatoes, parwal, tinda, torai, karela, Vegetable salads, lettuce, ripe red tomatoes, carrots, beets.	The gaseous vegetables: Dried beans, Brussels sprouts, cabbage, cauliflower, corn, cucumber, garlic, lentils, onions, peas, peppers. potatoes, radishes, sem, sweet potatoes, turnips
Fats	
Vegetable oils like olive oil, groundnut or til oil (unhydrogenated)	Animal fats like fats of pork, veal, salmon, mutton and sardine. Butter. Lard. All fried, greasy foods. Cream soups.
Milk and Milk Products	
Milk after removing cream, skim milk, milk soup, cottage cheese. Buttermilk. Sour milk prepared from skim milk.	Khoa, Rabri. Cream. Fatty cheeses. All highly fermented or flavoured cheeses. Whole milk.
Meats and Eggs	
Eggs, soft cooked, poached.	Egg yolk. Fried egg. Omelet.
Meat, fish or chicken except those which have to be avoided.	Fatty or fried meat, fish or fowl. Brain, liver, kidney and fatty meats like duck and bacon, pork and lamb. Fatty fish such as herring, mackerel, salmon and sardines. Tinned, smoked and spiced meats and fish.

(Continued)

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Foods Allowed and To Avoid in Dietary Programme For Diseases of the Gall-Bladder (G. B. Diet)—continued.

ALLOWED	TO AVOID
Legumes and Pulses	
Moong ki dhal, chana ka pani. Lobiya	Pulses except moong ki dhal
Soups	
Any from foods allowed, excluding thick soups.	Meat soups or broths. Vegetable stock from the gas-forming vegetables. Creamed soups
Fruits and Nuts	
Fresh fruits like ripe banana, ripe papaya, ripe pears, pineapple, pomegranate, grapes, guavas (without seeds), bael fruit, mango, jamun, phalsa, etc, except those to be avoided. Cooked fruits: baked apple (without skin), raw plantain, raw papaya, apricot, peach, pear, plum, prune. Fruit juices.	Raw apple. Melons especially cantaloupe and watermelon. Dried fruits, raisins. Avocado. Nuts of all kinds. Olives.
Sweets	
Sugar, jaggery (gur), honey. Jam or murabba, Molasses.	Sweets or sweetmeats, candy, jellies, preserves, chocolates. All gross sweet foods such as barfi, peda, etc.
Fluids and Beverages	
Take liberally of fruit drinks, lemon drinks, lemon tea, Glucose Lemonade, fluids of little or no caloric value. Cereal beverage, milk drinks, skimmed sour milk, buttermilk. Coconut water.	Highly sweetened drinks. Carbonated water. Coffee, strong tea, alcohol in all forms. Wines.
Miscellaneous	
Herbs (Podina, Hara Dhania, etc.) except garlic. Salt in moderation. White sauce.	Condiments and spices other than salt. Horseradish. Papad. Chutney or pickles. Vinegar. Highly seasoned foods and excessively salted foods.

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Sample Menus for Gall-Bladder Disease

VEGETARIAN	NON-VEGETARIAN
Morning	
Lemon Tea	Lemon Tea
Breakfast	
Dalia with skim milk and sugar.	Cornflakes with skim milk and sugar.
Whole wheat toast with guava jam.	Egg, 1 (soft-cooked). *
	Whole wheat toast with apricot jam.
Light tea or wheat coffee.	Light tea or wheat coffee.
Sliced banana.	Orange.
Lunch	
Vegetable soup.	Clear soup, 1 cup
Thin moong dhal, 1 cup	Minced meat with boiled papaya and French beans
Cooked carrots and pumpkins.	
Tomato and beetroot salad.	Beetroot and lettuce salad.
Papaya (ripe).	Sliced banana.
4 p. m.	
Light tea with biscuits.	Light tea with biscuits.
Dinner	
Tomato soup	Chicken soup.
Thin mashed lobiya.	Roast leg of chicken with cooked spinach and gol-kaddu.
Cooked spinach and gol-kaddu.	
Whole wheat bread or chapatis.	Whole wheat bread or chapatis. Jelly.
Sago pudding.	

* Exclude if produces discomfort.

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General Rules of Treatment

To recapitulate the diet for the ambulatory patient in gall-bladder diseases is based on the following principles:

1—Restricted calorie value to 2200
2—Restriction of carbohydrates, proteins
3—Prohibition of fats
4—Normal meal periods
5—Use of bland, non-irritating foods.
6—Moderate roughage
7—Removal of spices and other irritants
8—Liberal use of fluids and fruit juices

In chronic gall-bladder diseases, the general rules are as follows:

1—Have a regular time for meals
2—Restriction of carbohydrates, proteins
3—Drink plenty of water—10 glasses daily
4—Take a walk in the open every day.
5—Do not overeat—It is dangerous.

Follow these rules, and also avoid—

1—Fried and greasy foods
2—Pork and all fat meats
3—All preserved or smoked meats and fish
4—Spices, pepper, salt, horse-radish, vinegar.
5—Alcohol in all forms—Tobacco in all forms.
6—Strong tea and coffee—Better if left alone entirely.
7—Candies, sweets, rich cakes, pastries.
8—All very hot and iced beverages.
9—White bread, potatoes, sweet potatoes, macaroni, spaghetti, noodles, and seasoned cheese.

Some of these rules may be repetitions. But they are very important, and they bear repetition. There is no reason why any man or woman should ever have liver or gall bladder trouble if he or she will only live sensibly and carefully, and avoid emotional upsets.

———

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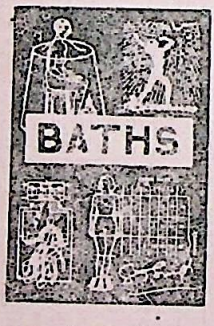

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